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PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/982,093
	Filing Date	10/19/2001
	First Named Inventor	S. Rao Cherukuri
	Art Unit	1618
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	02325-25667

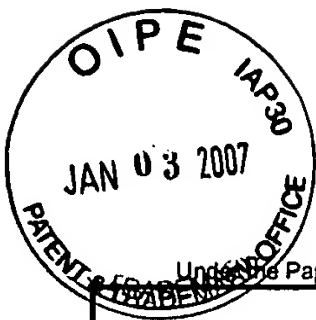
ENCLOSURES (Check all that apply)		
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	THORPE NORTH & WESTERN LLP		
Signature			
Printed name	David W. Osborne		
Date	December 28, 2006	Reg. No.	44,989

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Nicole Solomon	Date	December 28, 2006

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Capricorn Pharma, Inc.Application No./Patent No./Control No.: 09/982,093 Filed/Issue Date: 10/19/2001Entitled: Drug Delivery SystemsCapricorn Pharma, Inc., a Corporation

(Name of Assignee)

(Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest
(The extent (by percentage) of its ownership interest is _____ %).

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012422, Frame 0547, or a true copy of the original assignment is attached.

OR

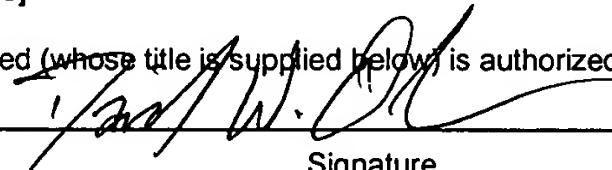
- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
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☐ Additional documents in the chain of title are listed on a supplemental sheet.**As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.**

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.09].

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



Signature

December 28, 2006

Date

David W. Osborne

(801) 566-6633

Printed or Typed Name

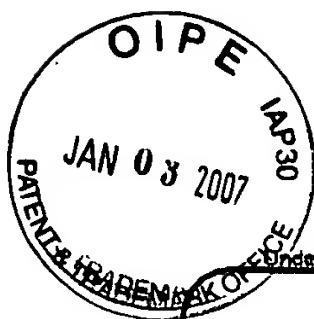
Telephone Number

Attorney for Applicant

Title

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PTO/SB/81 (04-05)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	09/982,093
Filing Date	10/19/2001
First Named Inventor	S. Rao Cherukuri
Title	Drug Delivery Systems
Art Unit	1818
Examiner Name	Fubara, Blessing M.
Attorney Docket Number	25667

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

20,551

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

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Address

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

S. Rao Cherukuri

Telephone

(301) 696-1452

Title and Company

CEO, Capricorn Pharma, Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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